



9105-3 JMD:#161968

WENMM/SB/21 (12/00)

TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	09/585.061	
	Filing Date	June 1, 2000	
	First Named Inventor	Samuel M.D. NORVILLE	
	Group Art Unit	1722	
	Examiner Name	K. Lin	
Total Number of Pages in this Submission	25	Attorney Docket Number	9105-3

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers	<input type="checkbox"/> After Allowance Communication to Group
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Extension of Time Request – 3 months	<input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address	<input type="checkbox"/> Additional Enclosure (please identify below)
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	James M. Durlacher Woodard, Emhardt, Naughton, Moriarty & McNett	
Signature	<i>James M. Durlacher</i>	
Date	March 20, 2002	

Certificate of Mailing			
I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington D.C. 20231 on this date: March 20, 2002			
Typed or printed name	James M. Durlacher, Reg. No. 28,840		
Signature	<i>James M. Durlacher</i>	Date	March 20, 2002

MAR 29 2002

WENMM/SB/17 (10-00)
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FEE TRANSMITTAL FOR FY 2002		Complete if Known			
Patent fees are subject to annual revision.		Application Number	09/585,061		
		Filing Date	June 1, 2000		
		First Named Inventor	Samu I.M.D. NORVILLE		
		Group Art Unit	1722		
		Examiner Name	K. Lin		
Total Amount of Payment (\$)		Attorney Docket Number	9105-3		
502.00					
METHOD OF PAYMENT		FEE CALCULATION (continued)			
1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number: 23-3030 Deposit Account Name: Woodard, Emhardt, Naughton, Moriarty & McNett <input checked="" type="checkbox"/> Charge any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		3. ADDITIONAL FEES			
2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other					
FEE CALCULATION					
1. BASIC FILING FEE					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
101	740	201	370	Utility Filing Fee	
106	330	206	165	Design Filing Fee	
107	510	207	255	Plant Filing Fee	
108	740	208	370	Reissue Filing Fee	
114	160	214	80	Provisional Filing Fee	
SUBTOTAL (1)					\$ 0
2. EXTRA CLAIM FEES					
Total Claims	30	-30** =	0	X	9 = 0
Independent Claims	4	-3** =	1	X	42 = 42
Multiple Dependent					140 = 0
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claim, if not paid	
109	84	209	42	**Reissue independent claims over original patent	
110	18	210	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					\$ 42.00
**or number previously paid, if greater. For Reissues, see above					
SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	James M. Durlacher	Registration No. (Attorney/Agent)	28,840	Telephone	(317) 634-3456
Signature	James M. Durlacher	Date	March 20, 2002		
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